



11-21-05

IF 2611

PATENTS  
UV-48

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PATENT APPLICATION

Applicant : Michael D. Ellis  
Application No. : 09/262,870 Confirmation No. : 1124  
Filed : March 4, 1999  
For : PROGRAM GUIDE SYSTEM WITH  
VIDEO-ON-DEMAND BROWSING  
Group Art Unit : 2611  
Examiner : Hunter B. Lonsberry

Mail Stop AMENDMENT  
Hon. Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

EXPRESS MAIL CERTIFICATION

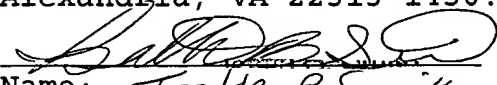
Express Mail Label No. EV669632961US

Date of Deposit: November 18, 2005

I hereby certify that this certification and the following papers:

1. Transmittal Letter for Supplemental Information Disclosure Statement (in duplicate);
2. Supplemental Information Disclosure Statement;
3. Form PTO/SB/08 (in duplicate);
4. Copy of one (1) document;
5. Transmittal Letter for Amendment (in duplicate);
6. Amendment; and
7. Return Postcard

are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10 on the date indicated above and are addressed to Mail Stop AMENDMENT, Hon. Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

  
Name: Isatta B. Smith



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Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

TRANSMITTAL LETTER FOR AMENDMENT

Sir:

Transmitted herewith: ☒ an Amendment; ☐ Letter to Official Draftsperson; ☐ a Reply to Office Action; ☐ a Supplemental Information Disclosure Statement; ☐ a Declaration; ☐ a Power of Attorney; ☐ a Submission of Formal Drawings; ☐ formal drawings; to be filed in the above identified patent application.

FEE FOR ADDITIONAL CLAIMS

☒ A fee for additional claims is not required.  
☐ A fee for additional claims is required.

The additional fee has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEES
TOTAL CLAIMS	-	*	= 0	X \$ 50	= \$ 0.00
INDEPENDENT CLAIMS	-	**	= 0	X \$ 200	= \$ 0.00
FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM				+ \$ 360	= \$ 0.00

\* If less than 20, insert 20. TOTAL \$ 0.00  
 \*\* If less than 3, insert 3.

[ ] A check in the amount of \$ \_\_\_\_\_ in payment of the additional claims is transmitted herewith.

[ ] Please charge \$ \_\_\_\_\_ to Deposit Account No. 06-1075, Order No. \_\_\_\_\_, in payment of the filing fee.  
 A duplicate copy of this transmittal letter is transmitted herewith.

[X] The Director is hereby authorized to charge payment of any additional filing fees required under 37 C.F.R. § 1.16, in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to Deposit Account No. 06-1075, Order No. 003597-0048. A duplicate copy of this transmittal letter is transmitted herewith.

EXTENSION FEE

[ ] The following extension is applicable to the Response filed herewith; [ ] \$120.00 extension fee for response within first month pursuant to 37 C.F.R. § 1.136(a); [ ] \$450.00 extension fee for response within second month pursuant to 37 C.F.R. § 1.136(a); [ ] \$1,020.00 extension fee for response within third month pursuant to 37 C.F.R. § 1.136(a); [ ] \$1,590.00 extension fee for response within fourth month pursuant to 37 C.F.R. § 1.136 (a); [ ] \$2,160.00 extension fee for response within fifth month pursuant to 37 C.F.R. 1.136(a).

[ ] A check in the amount of [ ] \$120.00; [ ] \$450.00; [ ] \$1020.00; [ ] \$1,590.00; [ ] \$2,160.00; in payment of the extension fee is transmitted herewith.

[ ] Please charge the [ ] \$120.00; [ ] \$450.00; [ ] \$1020.00; [ ] \$1,590.00; [ ] \$2,160.00; extension fee to Deposit Account No. 06-1075, Order No. \_\_\_\_\_. A duplicate copy of this transmittal letter is transmitted herewith.

[X] The Director is hereby authorized to charge payment of any additional fees required under 37 C.F.R. § 1.17 in connection with the paper(s) transmitted herewith, or to credit any overpayment of same, to Deposit Account No. 06-1075, Order No. 003597-0048. A duplicate copy of this transmittal letter is transmitted herewith.

Respectfully submitted,



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